

## RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333
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## FEB 1 4 2008

MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a p	reviously filed statement for the calendar yea	ir 2007.
	LEGISLATOR INFORMATION	
Name Richard C. Cleary Mailing address PO Box 9 City, zip code		Member of:  ▼ House □ Senate  District
Houlton, ME 04730		Phone (207) 532-7526
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	OTHER
List the name and address of each employ principal type of economic activity of each er	vor. from whom who were the second se	of \$1,000 or more. Specify to
Name of Employer	Address	Principal Type of Economic
Cleary Law Office, P.A.	PO Box 9 28 Market Square Houlton, MG 04730	Activity of Employer  A Horney/ Law Rr
		The state of the s
		то не у предоставляния предоставляния в предоставляний в подоставляний в под предоставляний в под под под под п
PART 2. INCC	DME DERIVED FROM SELF-EMPLOYMENT	
List the name and address of your busing erived income. If associated with a partners reas of economic activity of that entity.	Legislators who are self-employed )	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
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ne; Iress:		and the second

PART 2 (continued). INCOME DERIVI	ED FROM SELF-EMPLOYMENT
(For Legislators who are	self-employed.)
B. List each source of income derived from self-employment that represis greater, and specify the principal type of economic activity of the entit disclosure is prohibited by law, rule, or an established code of profession the entity or person from whom the income was derived.	y or person from whom you derived such income. If this form and ethics, specify only the principal type of economic activity
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Wh is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. MAJOR AREA (For Legislators who are afte	orneys-at-law only.)
List your major areas of practice. If associated with a law firm, list the m	ajor areas of practice of your firm.  Major Areas of Practice Major Areas of Practice
Name and Address of Firm.	(self) (firm)
Name: Cleary Law Office, D.A.	Real Estate Civil Corporate  SAme
Address: Po Box 9 Houlton, ME 04730	Bankruptcy
Name: Address:	
PART 4. OTHER SOUR	CES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	3 of this form. Do not include gifts. If none, check the box.
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address: none	
Name:	and the second s
Address:	
PART 5. REPORTABL	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a relative	that you received during the reporting period, and list the ma tive. If none, check the box
☐ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address: MONE	
Name:	
Address:	
PART 6: REPORTA	
List the specific source of each gift of more than \$300. Include gifts with none, check the box	an aggregate value of more than \$300 from a single source.
None	
Name of Source of Gift  1 3.	Name of Source of Gift
none	
2. 4.	

The state of the s	ices or speeche	SLE HC	to voi	ur official duties. If none, check the box.
None			J. OC	Thomas are the box.
Name of Source of Honoraria	and a second of the second	CONTRACTOR OF SECURITY ASSESSMENT	den varridiste ar entrepension	N
1.	na out and service and and a service of the service	والمراجع المتحددة	ريني وليوسطه المتعاد	Name of Source of Honoraria
None	3	•		
2.	4			
Samuel Parties				
PART 8: REPRESI	ENTATION BI	FORE	SȚAT	EAGENCIES :
List each executive branch agency before which you re the box.	epresented or a	ssisted (	others i	for compensation of any amount. If none
None	Secretary and second se	* <b>*</b> * * * * * * * * * * * * * * * * *		Note that the second of the se
Name of Agency	Attended by the second of the	ente. XII xanua	Tills - Land	
1.	A STATE OF THE PARTY OF THE PAR		and the state of the state of	Name of Agency
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<b>2.</b>	4.			«Совет» дискоруденный открыть одного
	Sing Company of the Street		<u>.                                    </u>	
PART 9. BUS	INESS WITH	STATE	AGE	NCIES
ist each executive branch agency to which you or a men 1,000 during the reporting period. If none, check the box	nber of your im	nediate	family :	sold goods or services with a value in exc
None	de la companya de la		ZXEWSOMINHUMANOM	
Name of Agency	м ми	Prompt xyou	-	- the state of the
and the second s	Company of the compan	PLANE TO SEPTEMBER 1975	***	Name of Agency
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	4.			
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PART 10. INCOME RECEIVE	ED BY MEME	BERS C	C IAAA	Boothania and the second
en) during the reporting period and the kind of income		THE REST OF THE PERSON	E IIVIIV	MEDIATE FAMILY
	e of income of	\$1,000	or more	EDIATE FAMILY
for income received by dependents.	e of income of presented. Do	\$1,000 not inclu	or more de gifts	TEDIATE FAMILY  Preceived by your spouse or dependent  Circle "S" for income received by spous
programme to the control of the cont	e of income of presented. Do	\$1,000 not inclu Ci	or more de gifts	REDIATE FAMILY  Preceived by your spouse or dependent  Circle "S" for income received by spou
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Type of Economic Activity Representing Source of Incom  Administrative Assistant	e of income of presented. Do	\$1,000 on the contract of the	or more de gifts rcle	e received by your spouse or dependent s. Circle "S" for income received by spou
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Type of Economic Activity Representing Source of Incom  Administrative Assistant  Filing Clerk  gislator who willfully fails to file a required statemen R.S.A. § 1017-A)  Intentional filing of a false statement is a Clerk	e of income of presented. Do ne Received  SIGNATURE  t is subject to	\$1,000 not incluse approximately S	or more de gifts recle poriate ter D D D of \$10	Erreceived by your spouse or dependent is. Circle "S" for income received by spour spouse or dependent is. Circle "S" for income received by spour income.  Kind of Income  Employment  Employment  employment  per business day until the report is file.
Type of Economic Activity Representing Source of Incom  Administrative Assistant  Filing Clerk  gislator who willfully fails to file a required statemen R.S.A. § 1017-A)  Intentional filing of a false statement is a Class E crin ly filed a false statement, it shall refer its findings of false.	signature t is subject to	\$1,000 not incluse approximate S	or more de gifts rele periate ter D D D T Conclusion of \$10	Employment  Employment  Employment  Employment  Employment  Employment  Employment  I will be reported by spourable to the sp
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